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CENTRAL INTELLIGENCE AGENCY

Office of Congressional Affairs

Washington, D.C. 20505

Telephone: 351-6136 5 Janaury 1988

TO: Mr. Thomas K. Latimer
Staff Director
House Permanent Select Committee
on Intelligence

H=405 Capitol
Washington, D. C. 20515

Dear Tom:

Here is the QMS Newsletter on which
Anderson's AIDS columns were based. If I
can provide more information, give me a call.

House Branch
Office of Congressional Affairs

Enclosure

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Fall 1987

THE AIDS PANDEMIC CONTINUES

The incidence of the Acquired Immunodeficiency Syndrome (AIDS) continues to increase as more people with silent infection surface and progress into the ranks of the actively ill. In the United States those ranks double every 12 to 15 months.

The perception of a deficient immune system has been known as a medical entity for many years. For example, the children who must live in the sterile bubbles have congenitally deficient defense systems. AIDS, however, is the result of an acquired viral infection, first reported in the United States in 1981. The name of the AIDS virus is HIV, standing for Human Immunodeficiency Virus. Since 1981, 39,433 Americans with AIDS have been indexed by the Centers for Disease Control (CDC) and 23,165 of these have died as of 10 August 1987. Worldwide, 113 countries report 51,535 cases of AIDS as of June 1987. The U.S. Public Health Service estimates that documented cases will rise to 270,000 in four years. In the general population experts believe that there are roughly 1.5 million Americans infected with the virus, most of whom do not know that they are carriers. Hence, the feeling of health authorities that "the worst is yet to come," may prove to be correct. By 1991 the cost of AIDS care will surpass the medical costs of either breast cancer or lung cancer, and the time lost and money spent will exceed the present Medicaid budget by 100 percent, over \$66 billion dollars.

According to the World Health Organization (WHO), European sources have reported 3,858 cases from 23 countries through 1986. France reported the largest number (1,221), followed by the Federal

Republic of Germany (826), the United Kingdom (610), and Italy (523). Current estimates expect 30,000 cases in Europe by late 1988.

Between 2 and 5 million Africans are believed to be infected with HIV. Of those infected, a minimum of 400,000 can be expected to develop AIDS. Reporting from Africa has been difficult to assess, but the following countries have reported "over 100 cases": Ivory Coast, Central African Republic, Congo, Zaire, Uganda, Kenya, Tanzania, Zambia, Zimbabwe and Rwanda.

A small number of AIDS cases have surfaced in Asia with 38 in Japan, 9 in India, 6 in Thailand, and 4 in Hong Kong. Most of these have resulted from exposure to infected western blood products. There appears to be very little HIV positivity in the general population in Asia. Australia and New Zealand, with 470 and 37 cases respectively, follow the typical transmission patterns of other western countries. WHO suspects that worldwide there are between 5 and 10 million infected persons.

A Virus and its Victims

AIDS continues to present in essentially the same populations as it did originally, namely homosexual and bisexual men (73 percent), heterosexual intravenous drug abusers (17 percent), Haitians living in the United States (4 percent), hemophiliacs (about 1 percent), and a disturbing but constant percentage of heterosexuals that cannot be classified as belonging to any high risk group, (1 to 3 percent). It is estimated that in the 1990's the climbing incidence of AIDS in heterosexuals will surpass the declining incidence in the homosexual population, a result of the latter altering their high risk sexual patterns and many already infected succumbing to the disease.